DATENT	APPLICATION	<b>FEE DETERMIN</b>	ATION RECORE
PAICNI	MEELICMILLIN	FEE DETENISHIN	MILLUIY DECLUDI.

Effective December 29, 1999

Application or Docket Num	ber
07/6578/5	_

CLAIMS AS FILED - PART I						SMALL ENTITY		•	OTHER THAN	
		· · · · · · · · · · · · · · · · · · ·	olumn 1)	(Colur		TYPE		OR SMALL E		ENTITY
FC	)R	NUMBE	R FILED	NUMBER E	XTRA	RATE	FEE	] [	RATE	FEE
B.A	SIC FEE						345.00	OR		690.00
ТО	TAL CLAIMS		) minus :			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS /	minus	3 = 1 ()		X39=		OR	X78=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT	/v'		+130=		OR	+260=	
* If	If the difference in column 1 is less than zero, enter "0" in column 2				olumn 2	TOTAL		OR	TOTAL	690
	CI	_AIMS AS A (Column 1)	MENDE	O - PART II (Column 2)	(Column 3)	SMALL I	ENTITY	OR	OTHER SMALL	
ENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 9	Minus	20	= ~	X\$ 9=		OR	X\$18=	
AME	Independent	· 2	Minus	··· 3	=	X39=		OR	X78=	
-	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT CLAIM		+130=		OR	+260=	
						TOTAL		OR	TOTAL	
		(O - 1 4)		(0-10)	(Calumn 0)	ADDIT. FEE	L	10,,	ADDIT. FEE	
-		(Column 1) CLAIMS	Ţ	(Column 2) HIGHEST	(Column 3)		ADDI-	1 1		ADDI-
ENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	· 7	Minus	20	=	X\$ 9=		OR	X\$18=	
AME	Independent	* /	Minus	··· 3	=	X39=		OR	X78=	
F	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT CLAIM		+130=		OR	+260=	
						TOTAL ADDIT. FEE		OB	TOTAL ADDIT. FEE	
				(Column 2)	(Column 3)	ADDIT. FEET				
		(Column 1)								
ENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	CLAIMS REMAINING AFTER	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR		RATE X\$ 9=	TIONAL	OR	RATE X\$18=	TIONAL
	Independent	CLAIMS REMAINING AFTER AMENDMENT  * //	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR  20 3	EXTRA		TIONAL			TIONAL
AMENDMENT C	Independent	CLAIMS REMAINING AFTER AMENDMENT  * //	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR  20	EXTRA =	X\$ 9= X39=	TIONAL	OR	X\$18= X78=	TIONAL
AMENDMENT	Independent FIRST PRESE	CLAIMS REMAINING AFTER AMENDMENT	Minus ULTIPLE DE	HIGHEST NUMBER PREVIOUSLY PAID FOR  20 3	EXTRA	X\$ 9=	TIONAL		X\$18=	TIONAL

PATENT APPLICATION FE	E DETERMINATION RECORD
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Effective October 1, 2000

Application or Docket Number 09/6578/5

CLAIMS AS FILED - PART I				SWALL FIGURE			TITY	OTHER THAN				
TOTAL CLAIMS			(Column	1)	(Colur	(Column 2)		TYPE		OR	SMALL	
TOTAL CLAIMS								RATE	FEE		RATE	_FEE
FOR N			NUMBER F	ILED	NUMBER EXTRA		E	BASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEAE	BLE CLAIMS	min	us 20=	*			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	mir	ius 3 =	*			X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=	
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	
	CI	_AIMS AS A	MENDED	- PAR	T II			ŧ		l	OTHER	, and the second second
		(Column 1)			mn 2)	(Column 3)	a	SMALL E	ENTITY	OR	SMALL	ENTITY
AMENDMENT &		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	· 7	Minus	** 0	20	=		X\$ 9=		OR	X\$18=	
AME	Independent	. 2	Minus	***	3	= /		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	II CLAIM			+135=		OR	+270=	
							L	TOTAL		OR	TOTAL	
١,		(Calumn 4)		(Calı	.mn (1)	(Column 2)		ADDIT. FEE		]	ADDIT. FEE	
	Language Carlon	(Column 1) CLAIMS	1. July 14		ımn 2) HEST	(Column 3) T	, J	<del></del>	ADDI-	7		ADDI-
ENT B		REMAINING AFTER AMENDMENT		PREV	MBER HOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X40=	-	OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	T CLAIM		╛╏				070	
							Ĺ	+135=		OR	<u></u>	
							Д	TOTAL   DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)	<u>_</u>					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY ) FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N S	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	T CLAIM		]  -	-		UH		
								+135=		OR	+270=	
	If the entry in colur If the "Highest Nur	mber Previously P	aid For" IN THIS	S SPACE	is less tha	n 20, enter "20.	." <sub>A</sub>	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
•••	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											